



2132/4

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

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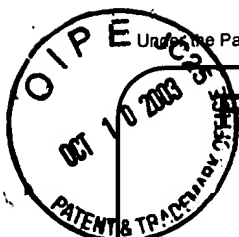
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/434,247	RECEIVED OCT 21 2003 Technology Center 2100
	Filing Date	5 November 1999	
	First Named Inventor	Ronald C. Mullin	
	Art Unit	2132	
	Examiner Name	Thomas R. Peeso	
Total Number of Pages in This Submission	Attorney Docket Number	2189-20	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Postcard 2. Preliminary Amendment
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	THE MAXHAM FIRM Jeffrey J. Lotspeich, Reg. No. 45,737	
Signature		
Date	7 October 2003	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 7 October 2003			
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Approved through 04/30/2003, OMB 0651-0032
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FREE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 110

Complete if Known

Application Number 09/434,247
Filing Date 5 November 1999
First Named Inventor Ronald C. Mullin et al.
Examiner Name Thomas R. Peeso
Group / Art Unit 2132
Attorney Docket No. 2189-20

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Technology Center 2100

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<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number 020460 Deposit Account Name THE MAXHAM FIRM The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					3. ADDITIONAL FEES					
1. BASIC FILING FEE					FEE CALCULATION					
Large	Entity	Small	Entity	Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee						
1002	340	2002	170	Design filing fee						
1003	530	2003	265	Plant filing fee						
1004	770	2004	385	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
SUBTOTAL (1)						(\$) 0				
2. EXTRA CLAIM FEES										
Total Claims		**	=	0	X		=	0		
Independent Claims		**	=	0	X		=	0		
Multiple Dependent					X		=	0		
Large	Entity	Small	Entity	Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20						
1201	86	2201	43	Independent claims in excess of 3						
1203	290	2203	145	Multiple dependent claim, if not paid						
1204	86	2204	43	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)						(\$) 0				
**or number previously paid, if greater; For Reissues, see above										
					Other fee (specify) _____					
					*Reduced by Basic Filing Fee Paid					
					SUBTOTAL (3)					
					(\$) 110					

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Jeffrey J. Lotspeich	Registration No. Attorney/Agent	45,737	Telephone	619-233-9004
Signature				Date	7 October 2003

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